## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

108/5272

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |                                 |  |                                       |              |                    |      | SMALL ENTITY      |                        |           | OTHER THAN         |                        |  |
|---|---|---------------------------------|--|---------------------------------------|--------------|--------------------|------|-------------------|------------------------|-----------|--------------------|------------------------|--|
| TOTAL CLAIMS  |   |                                 | 31   |                                       | (Column 2)   |                    | 1    | TYPE              |                        | OR        | ·                  | ENTITY                 |  |
| FOR   |   |                                 | NUMBER FILED                                     |                                       | NUMBER EXTRA |                    |      | RATE              | FEE                    | -         | RATE               | FEE                    |  |
| -   |   | 74 D. F. O. A. 1440             | 2.4  |                                       |              |                    |      | BASIC FE          | E 385.00               | OR        | BASIC FEE          | 770.00                 |  |
| -   |   | EABLE CLAIMS                    | 3/ mi  | nus 20=                               | *            | *                  |      | X\$ 9=            |                        | OR        | X\$18=             | 198                    |  |
|   | DEPENDENT (   |                                 | <del>'                                    </del> | inus 3 =                              | •            |                    |      | X43=              |                        | OR        | X86=               | 86                     |  |
| _   | ····  | NDENT CLAIM P                   |  |                                       |              |                    |      | +145=             |                        | OR        | +290=              |                        |  |
| *   | the differenc   | e in column 1 is                | less than z                                      | an zero, enter "0" in column 2        |              |                    | ı    | TOTAL             |                        | OR        | TOTAL              | 1050                   |  |
| CLAIMS AS AMENDED - PART II   |   |                                 |  |                                       |              |                    |      |                   |                        | _         | OTHER              |                        |  |
| (Column 1)  |   |                                 | T  | (Colum                                |              | (Column 3)         | SMAL |                   | ENTITY                 | ENTITY OR |                    | ENTITY                 |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID F     | BER<br>USLY  | PRESENT<br>EXTRA   |      | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *                               | Minus  | **                                    |              | =                  |      | X\$ 9=            |                        | OR        | X\$18=             |                        |  |
|   | Independent   | *                               | Minus  | ***                                   |              |                    |      | X43=              |                        | OR        | X86=               |                        |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |  |                                       |              |                    | ſ    | +145=             |                        |           | +290=              |                        |  |
|   | 181724  |                                 |  |                                       |              |                    | L    | TOTAL             |                        | OR        | +29U=<br>TOTAL     |                        |  |
|   | <b>(0-1</b> ,, 1)   |                                 |  |                                       |              |                    |      | DDIT. FEE         |                        | OR ,      | ADDIT. FEE         |                        |  |
|   | ·   | (Column 1)<br>CLAIMS            | ·  | (Colum                                |              | (Column 3)         | _    |                   |                        |           |                    | ,                      |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT |  | NUMB<br>PREVIOU<br>PAID F             | JSLY         | PRESENT<br>EXTRA   |      | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *                               | Minus  | ** .                                  |              | =                  |      | X\$ 9=            |                        | OR        | X\$18=             |                        |  |
|   | Independent   | *                               | Minus  | ***                                   |              | =                  | ŀ    | X43=              |                        | OR        | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |  |                                       |              |                    | -    |                   |                        |           |                    |                        |  |
|   |   |                                 |  |                                       |              |                    | L    | +145=             |                        | OR        | +290≃              |                        |  |
|   |   |                                 |  |                                       |              |                    | AD   | TOTAL<br>DIT. FEE |                        | OR A      | TOTAL<br>DDIT. FEE |                        |  |
|   |   | (Column 1)                      |  | (Column                               | 1.2)         | (Column 3)         |      | •                 | •                      |           | •                  |                        |  |
| MEN   |   | REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R            | PRESENT<br>EXTRA   |      | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *                               | Minus  | **                                    |              | =                  |      | X\$ 9=            |                        | OR        | X\$18=             |                        |  |
|   | Independent   |                                 | Minus  | ***                                   |              | =                  |      | X43=              | ···                    | _  -      | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |  |                                       |              |                    |      | A40-              |                        | OR        | <u> </u>           |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                 |  |                                       |              |                    |      |                   |                        | OR        | +290=              |                        |  |
| 11  | the "Highest Nun  | ÄDI                             | TOTAL<br>DIT. FEE                                |                                       | OR A         | TOTAL<br>DDIT, FEE |      |                   |                        |           |                    |                        |  |
| Т   | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |                                 |  |                                       |              |                    |      |                   |                        |           |                    |                        |  |